Name in Full: Alonzo Calvin Abbott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death 1904: Month: 8 — Day: 16

Age: Years: — Months: 11 — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Child — Where Residing If not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Alonzo Abbott — Father's Birthplace: Md

Mother's Maiden Name: Ada May Coalin — Mother's Birthplace: Md

Name of person giving Information: Ada May Abbott — How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary - Cholera Infantum — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Wolff M. D.

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Edith R. Bradley

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: Aug — Day: 17

Age — Years: — Months: 4 — Days: 17

Sex: Female — Color or Race: White — Birthplace: Cambridge Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: E. A. Bradley — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Julia Anderson — Mother's Birthplace: Baltimore

Name of person giving information: E. A. Bradley — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis — How long: 1 Mon

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. A. Bradley Jr. M.D.

Address: Cambridge Md.

Accident or Suicide?

PHYSICIAN OR CORONER

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LIBRARY BUREAU A66816

CERTIFICATE OF DEATH

MARYLAND

Name in Full Baby Brannock

Died at Town: Cambridge — County: Dorchester

Date of death Month: Aug — Day: 14 — Years: — Months: — Days: 10

Sex: male — Color or Race: White — Birthplace: Dr. Co. Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J. Wesley Brannock — Father's Birthplace: Dr. Co. Md.

Mother's Maiden Name: — Johnson — Mother's Birthplace: Dr. Co. Md.

Name of person giving information: Mrs J. Wesley Brannock — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis — How long: 3 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A6BB16

Name in Full: Robert H. Callender

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: Aug; Day: 3; 1904

Age: Years: 61; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Dor. Co. Md.

Occupation: Oysterman

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Mary E. Vickers

Father's Name: Robt. Callender

Father's Birthplace: Dor Co Md

Mother's Maiden Name: Sarah Dayton

Mother's Birthplace: Dor. Co Md.

Name of person giving information: Mary E. Callender

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholism — How long: [illegible]

Immediate: Enteritis Tuberculosis — How long: 1 yr

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Edward Lutrell Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: James — County: Dorchester

Date of death 1904: Month: aug — Day: 29 — Age: Years: 22 — Months — Days

Sex: Male — Color or Race: Mulatto — Birthplace: Hudson

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Cornish — Father's Birthplace: Cambridge

Mother's Maiden Name: Annie Wing — Mother's Birthplace: James

Name of person giving Information: Howard Cornish — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 2 weeks

Immediate: Haemorrhage of bowels — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L A Stokes

Address: Cambridge Md R F D # 5

Accident or Suicide?

LIBRARY BUREAU A2951B

Name in Full: Lizzie Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cordtown; County: Dorchester

Date of death: Month: 8; Day: 29; 1904

Age: Years: 51; Months: —; Days: —

Sex: Female; Color or Race: Blk.; Birthplace: Md.

Occupation: Housework; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Rev. Nelson Cornish

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —; Father's Birthplace:

Mother's Maiden Name: —; Mother's Birthplace:

Name of person giving information: Wm. Jones; How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 2 weeks

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E R Wolff M.D.

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Mary Ann Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death 1904: Month: Aug.; Day: 17; Age: Years: 70; Months: 4; Days: 18

Sex: Female; Color or Race: Colored; Birthplace: Md.

Occupation: Domestic; Where Residing if not at place of death: —

Married, Single or Widowed: Widow; Name of ~~Wife or~~ Husband: William Cornish (d)

Father's Name: Don't Know; Father's Birthplace: —

Mother's Maiden Name: Don't Know; Mother's Birthplace: —

Name of person giving Information: E. P. Greenwood; How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever; How long: Two weeks

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilbur A. Drake, M.D.

Address: Cambridge, Dorchester Co

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU AMB516

Name in Full: Margaret E. Elliott

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Cambridge County: Dorchester

To be Answered by Nearest Friend

Date of death 1904 Month: Aug Day: 21 Age: Years: 80 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Dor. Co. Md.

Occupation: Housework Where Residing if not at place of death:

Married, Single or Widowed: widow Name of Wife or Husband: Wash. Elliott

Father's Name: Tom Cole Father's Birthplace: Dor. Co. Md.

Mother's ~~Maiden~~ Name: Fanny Cole Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: Dorsey Elliott How related to deceased: Son

Causes of Death

Physician or Coroner

Primary: senility How long:

Immediate: Bronchial Anasarca How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dorsey Elliott Son

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A888-16

Name in Full: Baby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Edmond — County: Dorchester

Date of death 190 — Month: Aug — Day: 17 — Age — Years: [illegible] — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Edmond

Married, Single or Widowed: Single — Occupation: Baby

Name of Wife or Husband: —

Father's Name: Herbert Gordon — Father's Birthplace: Md

Mother's Maiden Name: Della Bennett — Mother's Birthplace: Md

Name of person giving information: Della Gordon — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: abt 1 week

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Lizzie Mary Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death 1904: Month: Aug; Day: 28; Age: Years: 9; Months: ; Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Jacob J. Green; Father's Birthplace: Md

Mother's Maiden Name: Mary A. Kane; Mother's Birthplace: Md

Name of person giving Information: J. J. Green; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 12 days

Immediate: Pulmonary Complication; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wilbur A. Drake M. D.

Address: Cambridge, Dorchester Co.

Accident or Suicide: —

LIBRARY BUREAU A33816

Name in Full (Baby) Greenwell (Ward. Mrs.)

CERTIFICATE OF DEATH

MARYLAND

P.O. Cambridge Town — Dorchester County

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 Month Aug. Day 11 — Age Years — Months 4 days — Days —

Sex Male — Color or Race White — Birthplace Dor Co. Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Clyde Greenwell — Father's Birthplace Md.

Mother's Maiden Name Maggie Condon — Mother's Birthplace Md.

Name of person giving In formation — — How related to deceased —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Marasmus — How long all its life

Immediate Exhaustion from Enteritis — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Guy Steele

Address Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Hallowell

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cambridge County: Dorchester

Date of death: Month: Aug Day: 10 Years: — Months: — Days: 1

Sex: male Color or Race: white Birthplace: Cambridge Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single Name of Wife or Husband: —

Father's Name: Arthur W. Hallowell Father's Birthplace: Md.

Mother's Maiden Name: Vidella F. Pons Mother's Birthplace: Somerset Co. Md

Name of person giving Information: Vidella F. Hallowell How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long: a few hours

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Vidella F. Hallowell Pons

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Herbert Stub Hearn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lloyds; County: Dorchester

Date of death 1904: Month: Aug; Day: 18

Age: Years: 0; Months: 6; Days: 11

Sex: Male; Color or Race: White; Birthplace: Cambridge Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Herbert Hearn; Father's Birthplace: Lloyds Md

Mother's Maiden Name: Grace Wilson; Mother's Birthplace: Lloyds Md

Name of person giving Information: H Hearn; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-colitis; How long: 6 weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes M D.

Address: Cambridge R F D # 5 Md

Accident or Suicide?

LIBRARY BUREAU A6851

Name in Full: Mary Bromble Henry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fort Monmouth; County: Loudoun

Date of death: 1904; Month: Aug; Day: 26; Years: —; Months: 8; Days: —

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: single; Name of Wife or Husband:

Father's Name: Joseph E. Henry; Father's Birthplace: Fort Monmouth

Mother's Maiden Name: Nettie W. Fletcher; Mother's Birthplace: Fort Monmouth

Name of person giving information: Victor V. Veitch; How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: cholera infantum; How long: 4 days

Immediate: Heart Failure Explosion; How long: 5 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Victor V. Veitch

Address: Fort Monmouth Md.

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: Peter E Holliday

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Petersburg — County: Dorchester

Date of death 1904: Month: Aug — Day: 30 — Age: Years: 70 — Months: — — Days: —

Sex: Male — Color or Race: colored — Birthplace: Maryland

Married, ~~Single or Widowed~~: Married — Occupation: Laborer

Name of Wife or Husband: Eliza Butler

Father's Name: Nathaniel Holliday — Father's Birthplace: Maryland

Mother's Maiden Name: Priscilla Davis — Mother's Birthplace: Maryland

Name of person giving Information: Sam Halliday — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: 7 months

Immediate: — How long: 7 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. H. Maguire M D

Address: Hurlock Md.

Accident or Sulcide?

LIBRARY BUREAU A8816

Name in Full: Elara Elizabeth Horseman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taylors Island — County: Dorchester.

Date of death 1904 — Month: August — Day: 14 — Age — Years: — Months: 10 — Days: 4

Sex: Female — Color or Race: Caucasian — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Winfield Horseman — Father's Birthplace: Md.

Mother's Maiden Name: Lena Willey — Mother's Birthplace: Md

Name of person giving information: Winfield Horseman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery — How long: 3 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Jos. K. Shriver Jr.

Address: Taylors Island Dor. Co. Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Robert Hughes Sr.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Cambridge (County) Dorchester

Date of death 1904 Month: Aug. Day: 28th Years: Age 69 Months: — Days: —

Sex: Male Color or Race: Col. Birthplace: Dor Co. Maryland

Occupation: Labourer Where Residing if not at place of death:

Married, Single or Widowed: Widower Name of Wife or Husband: Elizabeth Bishop

Father's Name: Littleton Hughes Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Hester A. Adkinson Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: Robert Hughes Jr. How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dropsy How long*: Don't Know

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Smithsons M.D.

Address: Church Creek, Md.

*Did not attend patient

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Price Hanley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cokeland — County: Dorchester

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: 1904 Aug. — Day: 20 — Age: Years: — Months: 1 — Days: 10

Sex: male — Color or Race: white — Birthplace: Cokeland

Occupation: Farming — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~: — — ~~Name of Wife or Husband~~: —

Father's Name: Robert Hanley — Father's Birthplace: Cokeland

Mother's Maiden Name: — Hanley — Mother's Birthplace: Cokeland

Name of person giving information: Robt. Hanley — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera infantum — How long

Immediate: Prostration — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. J. Price

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Nearitt E. Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Madison — County: Dorchester

Date of death 1904 — Month: August — Day: 12

Age — Years: — Months: 5 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Madison

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Birdie C. Jones — Father's Birthplace: Madison Md

Mother's Maiden Name: Addie Fregon — Mother's Birthplace: Madison Md

Name of person giving information: Mother — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 or 4 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. L. Arnick M.D.

Address: Madison, Md

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full: Emma Keene

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cardiff — County: Harford

Date of death 1904: Month: Aug — Day: 21 — Age: Years: 19 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Seamstress

Name of Wife or Husband: —

Father's Name: George Keene — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: Md

Name of person giving information: George Keene — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 3 weeks

Immediate: Peritonitis — How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Mace

Address: Cardiff

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Ruth Keene

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylors Island; County: Dorchester

Date of death: 1904; Month: Aug.; Day: 9; Age: Years: —; Months: 2; Days: —

Sex: Female; Color or Race: African; Birthplace: —

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas. W. Keene; Father's Birthplace: Md.

Mother's Maiden Name: Keziah Jenifer; Mother's Birthplace: Md.

Name of person giving Information: Jas. W. Keene; How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis; How long: 2 days

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Jos. K. Shriver, Jr.

Address: Taylors Island. Md.

Accident or Suicide? —

LIBRARY BUREAU A66316

Name in Full: Johnnie Bradford Lankford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death 1904: Month: 8; Day: 31

Age: Years: —; Months: 7; Days: 6

Sex: Male; Color or Race: Colk; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Lankford; Father's Birthplace: Md

Mother's Maiden Name: Lizzie Tampler; Mother's Birthplace: Md

Name of person giving information: Henry Lankford; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Wolf M.D

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Elmer Eugene Macer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek; County: Dorchester

Date of death: Month: Aug.; Day: 14th; Year: 1904; Age: Years: —; Months: 1; Days: 27

Sex: Male; Color or Race: Col.; Birthplace: Dor. Co. Md.

Occupation: Infant; Where Residing if not at place of death: —

Married, Single or Widowed: Infant; Name of Wife or Husband: Infant

Father's Name: Eugene Macer; Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Eliza Esher; Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: Eugene Macer; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Probably * Cholera Infantum; How long: 1 day

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. L. Smithsonian M.D.

Address: Church Creek, Md.

* Said patient after death.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Caroline Mis Kelly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Golden Hill — County: Dorchester

Date of death 1904: Month: Aug — Day: 16 — Age: Years: 88 — Months: 1 — Days: 8

Sex: Female — Color or Race: White — Birthplace: England

Occupation: Home — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name or Wife or Husband:

Father's Name: Henry E Barton — Father's Birthplace: England

Mother's Maiden Name: Jane Rawson — Mother's Birthplace: England

Name of person giving Information: Jessie Barton — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Organic Heart Lesion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E A Thomas.

Address: Cartfor. Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Blanche Caine Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: 8 — Day: 7

Age — Years: — Months: 1 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John J. Mitchell — Father's Birthplace: Md

Mother's Maiden Name: Eva Wheretle — Mother's Birthplace: Md.

Name of person giving In formation: Eva Mitchell — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus. — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. E. Wolff M.D

Address: Cambridge, Md.

Accident or Suicide:

LIBRARY BUREAU A66816

Name in Full: Janesta Perry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: 8 — Day: 13 — Age: Years — Months: 11 — Days

Sex: Female — Color or Race: Blk — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name or Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Winfield Perry — Father's Birthplace: Md

Mother's Maiden Name: Rizetta Roberts — Mother's Birthplace: Md

Name of person giving Information: Winfield Perry — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 105 V

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. E. Wolff M.D.

Address: Cambridge, Md

Accident or Suicide?

LIBRARY BUREAU A8681B

Name in Full: Lilia Phillips

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ingleside — County: Somerset

Date of death 1904 — Month: May — Day: 7 — Age: Years — Months — Days: 1

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: single — Name or Wife or Husband:

Father's Name: Joseph A. Phillips — Father's Birthplace: Md

Mother's Maiden Name: Eliza Jane Pritchett — Mother's Birthplace: Md

Name of person giving information: Eliza Jane Phillips — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature delivery — How long: 1 Day

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: E A Jones

Address: Loafers Md

Accident or Suicide:

LIBRARY BUREAU A88518

Name in Full: Mary E. Skinner

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Cambridge (County): Dorchester

Date of death 1904: Month Aug. Day 5 | Age: Years 67 Months 2 Days 28

Sex: Female | Color or Race: White | Birthplace: Dor. Co. Md.

Occupation: Home wife | Where Residing if not at place of death:

Married, Single or Widowed: married | Name of Wife or Husband: Levin P. Skinner

Father's Name: Thos. Willis | Father's Birthplace: Dor Co. Md.

Mother's Maiden Name: Mace | Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: L. P. Skinner | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: acute Bronchitis | How long: one hour

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Lilian Spedden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hudson — County: Dorchester

Date of death 190 4 — Month: Aug — Day: 24 — Age: Years 0 — Months 0 — Days 18

Sex: Female — Color or Race: W White — Birthplace: Hudson

Married, Single or Widowed: —— — Occupation: ——

Name of Wife or Husband: ——

Father's Name: Thomas W Spedden — Father's Birthplace: Hudson

Mother's Maiden Name: Nettie M Thomas — Mother's Birthplace: Hudson

Name of person giving Information: J W Spedden — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: marasmus 15 L — How long: 18 days

Immediate: —— — How long: ——

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A8P510

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Williamsburg — County: Dorchester

Date of death 190[illegible]: Month: Aug — Day: 17 — Age: Years: 71 — Months: — — Days: —

Sex: Male — Color or ~~Race~~: Colored — Birthplace: Maryland

Married, ~~Single~~ or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Mary J. Stanley

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Eugene A Holleday — How related to deceased: Step Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: 7 months

Immediate: [illegible] — How long: 7 months.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. E. Maguire

Address: Hurlock Md

Accident or ~~Suicide~~?: —

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Harriett Vaughn

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month: aug Day: 29 | Age Y. 46 M. D. | Native of Dorchester Co | Occupation Nurse

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number of children living

Husband of
Wife

Father's Name Jerry Vaughn

Mother's Maiden Name Eliza Hughes

Cause of Death — Primary: Pulmonary & Intestinal Tuberculosis — How long sick: 8 or 9 months

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by Dr Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance; otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full: Infant White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hooperswille — County: Dorchester Co.

Date of death 1904 — Month: Aug — Day: 14th — Years: New Born — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Hooperswille

Married, Single or Widowed: Infant — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Not known — Father's Birthplace: —

Mother's Maiden Name: Lettie White — Mother's Birthplace: Hooperswille Md

Name of person giving Information: Clarentine White — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asphyxiated after Birth — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Houston M.D.

Address: Fishing Creek Md.

Accident or Suicide? Infanticide

LIBRARY BUREAU A88818

Name in Full: Nettie Wendsor

CERTIFICATE OF DEATH

MARYLAND

Died at: Williamsburg — Town — County: Dorc

Date of death 1904: Month: Aug — Day: 13 — Age: Years: 18 — Months: 9 — Days: 27

Sex: female — Color or Race: white — Birthplace: Dorc County

Occupation: H wrk. — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: none

Father's Name: Asbury Windsor — Father's Birthplace: Dorc Co

Mother's Maiden Name: [illegible] — Mother's Birthplace: Dorc Co

Name of person giving information: Mother — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonal Tuberculosis — How long: 2½ months

Immediate: the Same — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G Roger Myers M.D.

Address: Hurlock Md.

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Martin Elbert Manokey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Church Creek | County: Dorchester

Date of death 1904	Month	Day	Years	Months	Days
	Aug.	23rd	Age 1	6	—

Sex: Male | Color or Race: Col. | Birthplace: Dor. Co. Md.

Occupation: Child | Where Residing if not at place of death: —

Married, Single or Widowed: Child | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Manokey | Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Harriet Hughes | Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: John Manokey | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary * "Eczema of Blood" probably | How long: Two weeks

Immediate: Purpura Haemorrhagica | How long:

Are the name, age, sex, color, date and place correctly given above? Probably | Signature of Physician: W. H. Smithwick M.D.

* Did not attend patient | Address: Church Creek, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Lucy R. Martin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Aireys — County: Dor.

Date of death: 1904 — Month: Aug — Day: 21 — Age — Years: — Months: 4 — Days:

Sex: Male — Color or Race: colored — Birthplace: Aireys

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: W. H. Ingerson — Father's Birthplace: Kent Co.

Mother's Maiden Name: Carrie Wilson — Mother's Birthplace: " "

Name of person giving Information: T. Watters — How related to deceased: neighbor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bowel Trouble — How long: five weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Flint Asst. Reg

Address: Aireys Md.

Accident or Suicide?

LIBRARY BUREAU A88516